

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**YOO JIN CHONG, M.D.**

**Physician's and Surgeon's  
Certificate No. G 86822**

**Respondent**

**Case No. 800-2016-023929**

**DECISION**

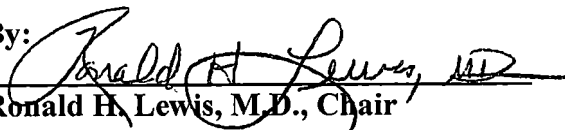
**The attached Stipulated Settlement and Disciplinary Order is hereby  
adopted as the Decision and Order of the Medical Board of California,  
Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on September 20,  
2019.**

**IT IS SO ORDERED August 22, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

**By:**

  
**Ronald H. Lewis, M.D., Chair**  
**Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
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8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 **YOO JIN CHONG, M.D.**  
15 **6260 El Camino Real, Suite 105**  
**Carlsbad, CA 92009**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 86822**

18 Respondent.

Case No. 800-2016-023929

OAH No. 2018120529

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
24 of California (Board). She brought this action solely in her official capacity and is represented in  
25 this matter by Xavier Becerra, Attorney General of the State of California, by Rosemary F.  
26 Luzon, Deputy Attorney General.

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28 ///

2. Respondent Yoo Jin Chong, M.D. (Respondent) is represented in this proceeding by attorneys Storm P. Anderson, Esq. and Barton H. Hegeler, Esq., whose address is: 4660 La Jolla Village Drive, Suite 670, San Diego, CA 92122.

3. On or about March 19, 2003, the Board issued Physician's and Surgeon's Certificate No. G 86822 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-023929, and will expire on November 30, 2020, unless renewed.

## JURISDICTION

4. On or about October 26, 2018, Accusation No. 800-2016-023929 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on or about October 26, 2018, at his address of record. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2016-023929 is attached as Exhibit A and incorporated herein by reference as if fully set forth herein.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-023929. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws, having been full advised of same by his attorneys of record, Storm P. Anderson, Esq. and Barton H. Hegeler, Esq.

///

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2016-023929, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 86822 to disciplinary action.

9. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2016-023929 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 86822 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

## CONTINGENCY

11. This Stipulated Settlement and Disciplinary Order shall be subject to approval by the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify

1 the Board, any member thereof, and/or any other person from future participation in this or any  
2 other matter affecting or involving Respondent. In the event that the Board does not, in its  
3 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the  
4 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
5 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
6 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order  
7 be rejected for any reason by the Board, Respondent shall assert no claim that the Board, or any  
8 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this  
9 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

#### 10 **ADDITIONAL PROVISIONS**

11 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
12 be an integrated writing representing the complete, final and exclusive embodiment of the  
13 agreements of the parties in the above-entitled matter.

14 14. The parties understand and agree that Portable Document Format (PDF) and facsimile  
15 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
16 signatures thereto, shall have the same force and effect as the originals.

17 15. In consideration of the foregoing admissions and stipulations, the parties agree that  
18 the Board may, without further notice to or opportunity to be heard by Respondent, issue and  
19 enter the following Disciplinary Order:

#### 20 **DISCIPLINARY ORDER**

##### 21 1. **PUBLIC REPRIMAND.**

22 IT IS HEREBY ORDERED that Respondent Yoo Jin Chong, M.D., Physician's and  
23 Surgeon's Certificate No. G 86822, shall be and is hereby Publicly Reprimanded pursuant to  
24 California Business and Professions Code section 2227, subdivision (a), subsection (4). This  
25 Public Reprimand, which is issued in connection Respondent's care and treatment of Patient A, as  
26 set forth in Accusation No. 800-2016-023929, is as follows:

27 ///

28 ///

1 Respondent did not properly evaluate and diagnose hypogonadism before  
2 commencing testosterone treatment; Respondent did not obtain Patient A's informed  
3 consent for testosterone treatment; and Respondent did not provide adequate prostate  
4 cancer surveillance after initiation of testosterone treatment, as more fully described  
5 in Accusation No. 800-2016-023929, a true and correct copy of which is attached  
6 hereto as Exhibit A and incorporated by reference as if fully set forth herein.

7 2. EDUCATION COURSE.

8 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to  
9 the Board or its designee for its prior approval educational program(s) or course(s) which shall  
10 not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting  
11 any areas of deficient practice or knowledge and shall be Category I certified. The educational  
12 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the  
13 Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
14 completion of each course, the Board or its designee may administer an examination to test  
15 Respondent's knowledge of the course. Within one (1) year of the effective date of this Decision,  
16 Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in  
17 satisfaction of this condition.

18 3. PRESCRIBING PRACTICES COURSE.

19 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
20 course in prescribing practices approved in advance by the Board or its designee. Respondent  
21 shall provide the approved course provider with any information and documents that the approved  
22 course provider may deem pertinent. Respondent shall participate in and successfully complete  
23 the classroom component of the course not later than six (6) months after Respondent's initial  
24 enrollment. Respondent shall successfully complete any other component of the course within  
25 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense  
26 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
27 licensure.

28 ///

1 A prescribing practices course taken after the acts that gave rise to the charges in the  
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
3 or its designee, be accepted towards the fulfillment of this condition if the course would have  
4 been approved by the Board or its designee had the course been taken after the effective date of  
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later.

9 4. MEDICAL RECORD KEEPING COURSE.

10 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
11 course in medical record keeping approved in advance by the Board or its designee. Respondent  
12 shall provide the approved course provider with any information and documents that the approved  
13 course provider may deem pertinent. Respondent shall participate in and successfully complete  
14 the classroom component of the course not later than six (6) months after Respondent's initial  
15 enrollment. Respondent shall successfully complete any other component of the course within  
16 one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense  
17 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
18 licensure.

19 A medical record keeping course taken after the acts that gave rise to the charges in the  
20 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
21 or its designee, be accepted towards the fulfillment of this condition if the course would have  
22 been approved by the Board or its designee had the course been taken after the effective date of  
23 this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its  
25 designee not later than 15 calendar days after successfully completing the course, or not later than  
26 15 calendar days after the effective date of the Decision, whichever is later.

27 ///

28 ///

1           5.     FAILURE TO COMPLY.

2           Any failure by Respondent to comply with the terms and conditions of the Disciplinary  
3 Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary  
4 action.

5                                   ACCEPTANCE

6           I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
7 discussed it with my attorneys, Storm P. Anderson, Esq. and Barton H. Hegeler, Esq. I  
8 understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate  
9 No. G 86822. I enter into this Stipulated Settlement and Disciplinary Order voluntarily,  
10 knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical  
11 Board of California.

12  
13       DATED:     5.28.19                                     
14   YOO JIN CHONG, M.D.  
15   Respondent

16           I have read and fully discussed with Respondent Yoo Jin Chong, M.D. the terms and  
17 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
18 I approve its form and content.

19  
20       DATED:     5/29/19                                     
21   for STORM P. ANDERSON, ESQ.  
22   BARTON H. HEGELER, ESQ.  
   Attorneys for Respondent

23     ///  
24     ///  
25     ///  
26     ///  
27     ///  
28     ///




**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 5/29/19

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General



ROSEMARY F. LUZON  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2016-023929**

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
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8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *Oct. 26 20 18*  
BY *[Signature]* ANALYST

10 BEFORE THE  
11 MEDICAL BOARD OF CALIFORNIA  
12 DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2016-023929

14 Yoo Jin Chong, M.D.  
15 6260 El Camino Real, Suite 105  
16 Carlsbad, CA 92009

ACCUSATION

17 Physician's and Surgeon's Certificate  
No. G 86822,

18 Respondent.

19  
20 Complainant alleges:

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).

25 2. On or about March 19, 2003, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 86822 to Yoo Jin Chong, M.D. (Respondent). The Physician's and Surgeon's  
27 Certificate No. G 86822 was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on November 30, 2018, unless renewed.

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2220 of the Code states:

“Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .” [Chapter 5, the Medical Practice Act.]

5. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

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1           “(b) Any matter heard pursuant to subdivision (a), except for warning letters,  
2           medical review or advisory conferences, professional competency examinations,  
3           continuing education activities, and cost reimbursement associated therewith that are  
4           agreed to with the board and successfully completed by the licensee, or other matters  
5           made confidential or privileged by existing law, is deemed public, and shall be made  
6           available to the public by the board pursuant to Section 803.1.”

7           6.     Section 2234 of the Code states:

8           “The board shall take action against any licensee who is charged with  
9           unprofessional conduct. In addition to other provisions of this article, unprofessional  
10          conduct includes, but is not limited to, the following:

11          “(a) Violating or attempting to violate, directly or indirectly, assisting in or  
12          abetting the violation of, or conspiring to violate any provision of this chapter.

13          “... ”

14          “(c) Repeated negligent acts. To be repeated, there must be two or more  
15          negligent acts or omissions. An initial negligent act or omission followed by a  
16          separate and distinct departure from the applicable standard of care shall constitute  
17          repeated negligent acts.

18          “(1) An initial negligent diagnosis followed by an act or omission medically  
19          appropriate for that negligent diagnosis of the patient shall constitute a single  
20          negligent act.

21          “(2) When the standard of care requires a change in the diagnosis, act, or  
22          omission that constitutes the negligent act described in paragraph (1), including, but  
23          not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
24          licensee’s conduct departs from the applicable standard of care, each departure  
25          constitutes a separate and distinct breach of the standard of care.

26          “... ”

27        ///

28        ///

1       7.     Section 2266 of the Code states:

2             "The failure of a physician and surgeon to maintain adequate and accurate  
3 records relating to the provision of services to their patients constitutes unprofessional  
4 conduct."

5                             **FIRST CAUSE FOR DISCIPLINE**

6                             **(Repeated Negligent Acts)**

7       8.     Respondent has subjected his Physician's and Surgeon's Certificate No. G 86822 to  
8 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of  
9 the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, as  
10 more particularly alleged hereinafter:<sup>1</sup>

11       9.     On or about July 10, 2013, Patient A commenced treatment with Respondent, an  
12 internist, for his primary care needs. Patient A's medical history included a history of aortic  
13 valve replacement, unspecified cancer, diabetes, glaucoma, heart murmur, high cholesterol,  
14 hypertension, joint pain, obesity, and osteoarthritis. Following a physical examination,  
15 Respondent assessed Patient A as having coronary artery disease, hypertension, diabetes, and  
16 benign prostatic hypertrophy. No history of prostate cancer was documented during this visit.

17       10.    On or about August 19, 2013, Patient A had a follow-up visit with Respondent after  
18 he went to the Emergency Room due to a fall and persistent back pain. Respondent ordered  
19 laboratory studies, which showed, among things, that Respondent's prostate-specific antigen  
20 (PSA) level was within normal limits at 2.5 ng/mL.<sup>2</sup>

21       11.    Between on or about October 17, 2013 and January 24, 2014, Respondent saw Patient  
22 A on approximately seven occasions for management of his chronic medical conditions, including  
23 depression, insomnia, anxiety, pain, and stress.

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26             <sup>1</sup> References to "Patient A" herein are used to protect patient privacy.

27             <sup>2</sup> The PSA test is a blood test used primarily to screen for prostate cancer. The test  
28 measures the amount of prostate-specific antigen in the blood. High levels of PSA may indicate  
the presence of prostate cancer, as well as other conditions, such as an enlarged or inflamed  
prostate.

1           12. On or about January 24, 2014, Respondent saw Patient A for increased anxiety,  
2 confusion, night sweats, and insomnia. Respondent's assessment was anxiety, diabetes,  
3 hypertension, hyperlipidemia, and coronary artery disease. His treatment plan included  
4 discontinuation of an antidepressant and laboratory evaluation. Respondent ordered a thyroid-  
5 stimulating hormone (TSH) plus free thyroxine (free T4) test,<sup>3</sup> as well as a testosterone test.<sup>4</sup> The  
6 test results showed that Patient A's TSH level was normal, his total testosterone level was low at  
7 308 ng/dL, and his free testosterone level was normal at 7.1 pg/mL.

8           13. On or about February 11, 2014, Respondent saw Patient A for a routine office visit  
9 and to follow up on the January 2014, laboratory results. Respondent documented Patient A's  
10 history of prostate cancer and treatment with brachytherapy, a PSA level of 2.5 ng/mL, and low  
11 testosterone. Respondent's assessment included anxiety, insomnia, diabetes, hypertension,  
12 hyperlipidemia, coronary atherosclerosis, and testicular hypofunction. His treatment plan  
13 included continuing Patient A on his current medications and consideration of hormone  
14 replacement therapy. During this visit, Respondent did not perform a prostate exam or order a  
15 repeat PSA test.

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23                               <sup>3</sup> A TSH test + free T4 test is used to evaluate thyroid function. A high TSH level  
24 indicates that the thyroid gland is failing because of a problem that is directly affecting the  
25 thyroid (primary hypothyroidism). Conversely, a low TSH level is usually indicative of an  
26 overactive thyroid that is producing too much thyroid hormone (hyperthyroidism). T4 refers to a  
hormone called thyroxine. Free T4 (FT4) refers to thyroxine that has not bonded to protein in the  
blood. Patients who have hyperthyroidism will have an elevated FT4 or Free T4 Index (FTI),  
whereas patients with hypothyroidism will have a low level of FT4 or FTI.

27                               <sup>4</sup> A testosterone level test, also known as a serum testosterone test, measures the total  
28 amount of testosterone in the blood. In addition, this test measures the amount of unattached or  
"free" testosterone in the blood. Free testosterone is biologically active in the body.

1        14. On or about March 14, 2014, Respondent commenced testosterone treatment on  
2 Patient A. Respondent continued to treat Patient A with testosterone, including on or about  
3 March 28, 2014, June 18, 2014, July 1, 2014, August 18, 2014, September 10, 2014, October 7,  
4 2014, November 5, 2014, November 19, 2014, December 18, 2014, February 25, 2015, March 26,  
5 2015, May 21, 2015, August 21, 2015, October 12, 2015, and November 9, 2015. During this  
6 timeframe, Respondent did not order any PSA tests for Patient A. In addition, Patient A  
7 continued to exhibit symptoms of anxiety, depression, insomnia, uncontrolled diabetes,  
8 uncontrolled blood pressure, poor pain control, and obesity.

9        15. On or about June 18, 2014, September 10, 2014, December 18, 2014, January 13,  
10 2015, February 5, 2015, August 21, 2015, November 9, 2015, respectively, Respondent ordered a  
11 testosterone test for Patient A. The June 18, 2014, test results showed that Patient A's total  
12 testosterone level was normal at 360 ng/dL and his free testosterone level was low at 5.3 pg/mL.  
13 The September 10, 2014, test results showed that Patient A's total testosterone level was low at  
14 224 ng/dL and his free testosterone level was low at 3.3 pg/mL. The December 18, 2014, test  
15 results showed that Patient A's total testosterone level was normal at 622 ng/dL and no free  
16 testosterone level was reported. The January 13, 2015, test results showed that Patient A's total  
17 testosterone level was high at greater than 1500 ng/dL and his free testosterone level was also  
18 high at 40.1 pg/mL. The February 5, 2015, test results showed that Patient A's total testosterone  
19 level was normal at 926 ng/dL and his free testosterone level was normal at 15.1 pg/mL. The  
20 August 21, 2015, test results showed that Patient A's total testosterone level was normal at 493  
21 ng/dL and his free testosterone level was normal at 8.1 pg/mL. The November 9, 2015, test  
22 results showed that Patient A's total testosterone level was normal at 729 ng/dL and his free  
23 testosterone level was normal at 17.0 pg/mL.

24        16. On or about January 26, 2016, Respondent saw Patient A for complaints of new  
25 constipation and abdominal pain. Respondent documented abdominal tenderness, however, no  
26 rectal or prostate exam was performed. Respondent's assessment was left upper quadrant  
27 abdominal pain, new constipation, uncontrolled diabetes, coronary artery disease, hypertension,  
28 hypogonadism on hormone replacement therapy, history of prostate cancer treated with



1 brachytherapy, and chronic insomnia. His treatment plan included, *inter alia*, laboratory  
2 assessment and continuation of testosterone treatment. Respondent ordered a PSA test, which  
3 showed a significantly elevated PSA level of 191.7 ng/mL.<sup>5</sup>

4 17. On or about February 1, 2016, Respondent saw Patient A for complaints of continued  
5 flank pain and constipation, and to follow up on laboratory test results. Respondent noted  
6 abdominal tenderness, constipation, an increased PSA level, a prior history of prostate cancer  
7 with brachytherapy treatment, uncontrolled diabetes, hypertension, coronary artery disease,  
8 hypertension, and chronic insomnia. Respondent's treatment plan included further laboratory  
9 testing, a bone scan, and referrals to urology, oncology, gastroenterology and endocrinology.  
10 Respondent ordered a repeat PSA test. The test results again showed a significantly elevated PSA  
11 level of 183.4 ng/mL.

12 18. On or about February 23, 2016, Patient A underwent a bone scan, which revealed  
13 multifocal metastatic disease. On or about February 29, 2016, Respondent saw Patient A to  
14 follow up on the bone scan results. Respondent's assessment was, *inter alia*, metastatic prostate  
15 cancer and an elevated PSA level of 183.4 ng/mL.

16 19. On or about June 28, 2016, Respondent wrote a letter to Patient A's insurer  
17 addressing specific concerns raised about his care and treatment of Patient A. In the letter,  
18 Respondent stated that Patient A was "initiated on his monthly TRT [Testosterone Replacement  
19 Therapy] injections without monitoring his PSA until later. There was a break down in  
20 communication among my staff, the patient, and myself that allowed him to continue receiving  
21 injections without adequately following up with me." Respondent continued, "I regret deeply that  
22 his PSA was not checked sooner in order to unmask his underlying disease." Respondent further  
23 stated that there was a "lack of documentation" to support that he discussed the "risks and  
24 benefits of TRT" with Patient A.

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27 ///

28 <sup>5</sup> The normal range for PSA levels is 0.0 to 4.0 ng/mL.

20. Respondent committed repeated negligent acts in his care and treatment of Patient A, which included, but were not limited to the following:

(i) Respondent failed to properly evaluate and diagnose hypogonadism in Patient A before commencing testosterone treatment;

(ii) Respondent failed to obtain Patient A's informed consent for testosterone treatment; and

(iii) Respondent failed to provide adequate prostate cancer surveillance after initiation of testosterone treatment.

## SECOND CAUSE FOR DISCIPLINE

**(Failure to Maintain Adequate and Accurate Records)**

21. Respondent has subjected his Physician's and Surgeon's Certificate No. G 86822 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 20, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

## PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 86822, issued to Respondent Yoo Jin Chong, M.D.;

2. Revoking, suspending or denying approval of Respondent Yoo Jin Chong, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Respondent Yoo Jin Chong, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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1           4.    Taking such other and further action as deemed necessary and proper.

2  
3   DATED: october 26, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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